Form AL-2B (3/2002)

NOTICE OF PRODUCER APPOINTMENT (Multiple Insurers)

Please complete and return this form to the address above within 15 days from the date the agency contract is executed or the first insurance application is submitted,

which ever occurs first. Please indicate below the full name, social security number, and Alabama license number for the producer.

Appointment Fee: \$30.00 (per Insurer)

Mail to: Alabama Department of Insurance

P. O. Box 830704

Birmingham, Alabama 35283-0704

Indicate amount enclosed: \$_____

PRODUCER SOCIAL SECURITY # NAME: PRODUCER LICENSE # Last, Jr/Sr, First, Middle In the grid below, indicate the insurance company's NAIC number, lines of authority, and insurance company name for each insurer appointing this producer. Accident & Health Variable Life Automobile Company Life Property Casualty Personal Industrial Credit Rental Legal Dental Motor Bail NAIC No. or Sickness and Variable Lines (Debit) Vehicle Services Services Club Bond (Disability) Annuities Fire Company Name Company Name Company Name Company Name Company Name

The above-named insurers hereby provide notice that the individual identified above has been appointed to represent said insurers for the lines of authority indicated above. We have investigated the character and background of this individual and are satisfied the individual is trustworthy and qualified to act as our producer, and we endorse the individual as being of good business standing and character. We are familiar with the federal law (18 USC § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. We understand it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.

Our investigation consisted (Mark ⋈ as applicable. DO NOT LEAVE BLANK.)	•
☐ Personal Interview	☐ Background Investigation
☐ Employment Application	(by insurer)
Consumer Credit	Background Investigation (by outside firm)
☐ Other (Please describe)	

signature of authorized company official	
signature or authorized company official	
typed name of authorized company official	
address	
city/state/zip	
only/otato/E.p	
telephone no.	fax no.